BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

Elicotive Hoveliber 16, 1996														
		CLA	(Column 1)		- PAI	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
FOR			NUMBE	R FILED	1	NUMBER	EXTRA	RA	TE	FEE	]	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TC	TAL CLAIMS		129	minus	20=	* //	) (J	X\$	9=		OR	X\$18=	1872	
INDEPENDENT CLAIMS / minus 3 = *						ХЗ	9=		OR	X78=	702			
MULTIPLE DEPENDENT CLAIM PRESENT							+13	30=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TO	ΓAL		OR	TOTAL	3334	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMA	SMALL ENTITY OF			OTHER THAN R SMALL ENTITY		
IENT A		REM AF	AIMS AINING TER IDMENT	24.518	PR	HIGHEST HUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	•3	+	Minus	**	124	= 0	X\$	9=		OR	X\$18=		
	Independent FIRST PRESE	* /	N OF MI	Minus	PEND	ENT CLAIN		Х3	9=		OR	X78=		
$\vdash$	1 11101 1 11202		JIV OF WIC		LIND	CITT ODAIN	'///	+13	0=		OR	+260=		
								T( ADDIT.	OTAL		OR	TOTAL ADDIT. FEE		
İ	${\mathfrak Q}$	(Coli	umn 1)		(C	olumn 2)	(Column 3)	ADDI1.		<del></del>		ADDII. I EE		
AMENDMENT B		CL REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* (	5/	Minus	**	124	=	×\$	9=		OR.	X\$18=		
	Independent FIRST PRESE	* (	ON OF MI	Minus	PEND	FNT CLAIM	=	X39	9=	/	OR	X78=	Po Po	
							·	+13	0=		OR	+260=		
								TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
		(Colu	umn 1)		(C	olumn 2)	(Column 3)							
AMENDMENT C		REM. AF	AIMS AINING TER IDMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X\$ 9	9=		OR	X\$18=		
	Independent	*		Minus	***		=	Yac				X78=		
٧	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM	l	X39	=		OR	A/6=		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								)=		OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
l	THE HIGHEST NUM	met Lte/	nously Pak	u mor (Total of	r inaep	enaent) is th	e nignest numbe	r rouna in th	ie app	propriate box	x in coli	umn 1.		

## Inis Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET) BER: 14/3/6/49

APPLICATION NUMBER:

Total Fee Calculation										
	Fee Code	Total # Claims	Number Extra	Х	Fee	Fee	=	Total		
Basic Filing Fee  Total Claims >20  Independent Claims >3  Mult. Dep Claim Present  Surcharge	Sm./Lg.  201/101  203/103  202/102  204/104  205/105	124 -20 = 12 -3 =	<u>104</u> 9	x x	Sm. Entity	1672 1672 102 130		Total		
English Translation  TOTAL FEE CALCULA  Fees due upon filing to	139 ATION	· .			<del></del>	<del>-</del>	=	 3469		
Total Filing Fees Due	<del></del>	344	<u>,</u>							
Less Filing Fees Subm	uitted - \$ = \$	34	44	<b></b>						
Office of Initial Patent	<u>'</u> ~			~				·		

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)